


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90002 024 \*\*\*150.00

<b>DOCUMENT # P03000065978</b> 1. Entity Name <b>OLALDE CONSTRUCTION, INC.</b>					
Principal Place of Business <b>1500 N ORANGE AVE, #26 SARASOTA, FL 34236</b>			Mailing Address <b>1500 N ORANGE AVE, #26 SARASOTA, FL 34236</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		06292004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>20-0044203</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>PREWETT, DANIEL L 5777 BENEVA RD S SARASOTA, FL 34233</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>FRANCES FABELO-TYLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>30000 15<sup>TH</sup> ST. E.</b> City <b>BRADENTON</b> <b>FL</b> Zip Code <b>34208</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Frances Fabelo-Tyler</i> - <b>FRANCES FABELO-TYLER</b> <b>6/28/04</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLALDE, JESUS</b> <b>1500 N ORANGE AVE, #26</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VILLA, FRANCISCO</b> <b>1500 N ORANGE AVE, #26</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLALDE, JOSE</b> <b>1500 N ORANGE AVE, #26</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D MANUEL OLALDE</b> <b>1500 N. ORANGE AVE #26</b> <b>SARASOTA, FL. 34236</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>Jul 29 04</b> <b>94 5827707</b> <small>Daytime Phone #</small>		